

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	E.H.		04/27/01
O.I.P.E. CLASSIFIER		101	5/15
FORMALITY REVIEW	101	1019	06.15.01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-selected  
 = ..... Allowed I ..... Reference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
25	4/27/01
26	4/27/01
27	4/27/01
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If more than 150 claims or 10 actions  
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JCS/10  
6-07-01